

Case Number:	CM15-0047439		
Date Assigned:	03/19/2015	Date of Injury:	01/14/2000
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female, who sustained an industrial injury on 1/14/2000. She has reported back pain with radiation to lower extremity. The diagnoses have included fibromyalgia, psychological diagnoses, and status post L4-5 interbody fusion. Treatment has included medication therapy, physical therapy and aquatic therapy. Currently, the IW complains of ongoing low back pain, stiffness, and left knee pain. The physical examination from 1/22/15 documented the left knee demonstrated crepitation with Range of Motion (ROM) and tenderness. The lumbar spine also significant for tenderness with decreased ROM. The plan of care included the continuation of medication therapy and a request for a one year gym membership for pool access.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One year gym membership for pool access: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 1/30/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic Gym memberships).

Decision rationale: The injured worker sustained a work related injury on 1/14/2000. The medical records provided indicate the diagnosis of fibromyalgia, psychological diagnoses, and status post L4-5 interbody fusion. Treatment has included medication therapy, physical therapy and aquatic therapy. The medical records provided for review do not indicate a medical necessity for one year gym membership for pool access. Although the MTUS recommends aquatic therapy as an option for those who cannot do land based therapy, the guidelines follow the physical Medicine Guideline. The MTUS is silent on Gym membership. The Official Disability Guidelines notes that "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines."